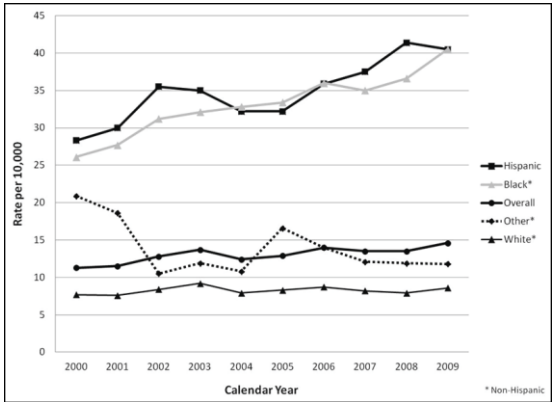
2012 Commission on Health Equity & Latino & Puerto Rican Affairs Commission Report on Asthma.

All Connecticut Residents are healthy and achieve optimal wellness throughout their lifespan.

Partners: CT Department of Energy and Environmental Protection, Department of Public Health, Secretary of the State's Office, African American Affairs Commission, Central Connecticut State University, Area Cooperative Education Services (ACES)-Children's Medical Group, Lead Action for Medicaid Primary Prevention (LAMPP) Project at Children's Medical Center, Ledge Light Health District, CT Legal Services and St. Francis Hospital and Medical Center.



Asthma hospitalization rates by race and year in CT from 2000-2009

Story behind the baseline:

The agency identified a series of factors that are driving the lack of access to healthcare for residents to reduce or eliminate increased incidence and episodes of life-threatening inflammation requiring hospitalization for those suffering from Asthma in Connecticut.

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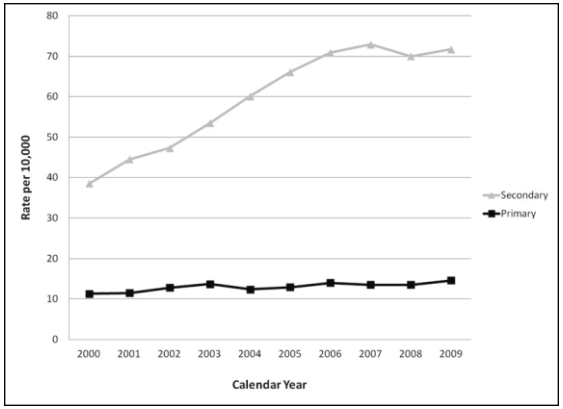

Hospitalization rates for primary & secondary diagnoses of Asthma by year CT – 2000-2009

Story behind the baseline:

Hospitalizations. Overall, asthma related hospitalizations in Connecticut have also increased substantially. However, Hispanic and Non-Hispanic Blacks are more likely hospitalized due to either a primary or secondary asthma diagnosis. Between 2005-2009, hospitalization rates increased by 25.8% in Hispanics and by 21.3% in Non- Black Hispanics.

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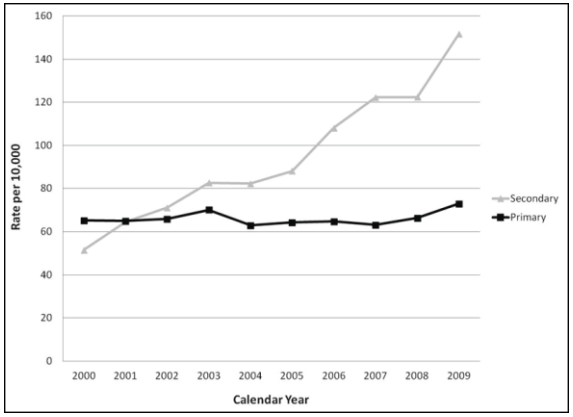

Emergency Dept visit rates for primary & secondary Diagnoses of Asthma by Year CT – 2000-2009

Story behind the baseline:

Connecticut hospitals experienced an increased incidence of Emergency Department visits for Asthma-related symptoms from 2000-2009. There are number of factors driving this increase including lack of access to health care for residents especially those living below the poverty level.

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CONNECTICUT COMMISSION ON HEALTH EQUITY

LATINO & PUERTO RICAN AFFAIRS COMMISSION LPRAC CALP COMISIÓN DE ASUNTOS LATINOS Y PUERTORRIQUEÑOS

Proposed Actions to Turn the Curve:

The Commission on Health Equity (CHE) and the Latino and Puerto Rican Affairs Commission (LPRAC) will work to prioritize following tasks with partners to achieve goals of: education re: trigger awareness, medication use; monitor & evaluate current programming; reduce barriers for immigrants to obtain primary health care/medical home; providers play a bigger role in educating patients; dispel provider perception re: how patients will behave; reduce environmental triggers; enhance medical home efforts; everyone should have a primary care provider; assessment monitoring; create comprehensive education campaign. Next steps are to invite partners who were missing at the conversation to continue the dialogue towards creation of a strategy to help us and our partners realize outcomes in the 10 key areas identified by the group on December 14, 2012 once the report is provided to each of the participants present and potentially those that we would invite to follow up conversations as we build the strategy that will begin to turn the curve.

2012 Program Report Card: All Connecticut residents are healthy and achieve optimal wellness throughout their lifespan.

Quality of Life Result: Work with partners to reduce barriers to help residents access healthcare, obtain and use the services of a primary care provider, receive education on asthma triggers and proper use of medications and work to dispel provider perceptions on patient behavior thereby helping to reduce or eliminate hospitalizations and emergency department visits all-together.

Is Anyone Better Off?

How many ED visits by children and adults are taking place in CT?

Year	Child (0 – 17 years)		Adult (18+ years)	
	Primary	Secondary	Primary	Secondary
	Age-adjusted rate per 10,000	Age-adjusted rate per 10,000	Age-adjusted rate per 10,000	Age-adjusted rate per 10,000
2005	80.2	98.4	58.8	84.5
2006	86.7	120.7	57.2	103.7
2007	85.9	140.4	55.3	116.1
2008	91.8	133.2	57.4	118.6
2009	107.1	196.1	61.2	136.1

Emergency Department visit rates for children & adults by primary & secondary Asthma diagnoses, CT – 2005-2009

Story behind the baseline:

From 2005 to 2009, there were on average 22,133 emergency department (ED) visits each year for CT residents. (Report by Dept of Public Health) We at the CHE and the LPRAC would work in conjunction with our partners in creating educational programs that will inform the community about access to health care, importance of selecting and visiting a provider, taking medications as instructed by their provider and making sure that they read the labels on their medications and take them as is indicated for best results. In addition, a reduction in the rate of hospitalizations and emergency department visits can be realized or eliminated if residents with asthma adhere to their treatment plans, obtain healthcare services and receive services to help them control their symptoms on a daily basis. Culturally competent materials can be provided in the language most spoken at the home for those who suffer from asthma.

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Proposed Actions to Turn the Curve:

The Commission on Health Equity and the Latino and Puerto Rican Affairs Commission will work with partner agencies to institute the following action items:

Action 1: Work with partners in the community to establish an educational campaign centered around asthma education and prevention.

Action 2: Work in collaboration with hospitals, community clinics and other healthcare providers to teach proper ways of reading medicine labels and use of inhalers.

Action 3: Work to develop a list of healthcare providers that provide bilingual or culturally competent services for residents on the topic of asthma.

Action 4: Create a document that will identify asthma triggers and household products or pest infestation that aggravate asthma symptoms.

Action 5: Work with advocates and others in the community who already provide services to the immigrant community in order to connect this community with healthcare resources.

Action 6: Work with healthcare providers to determine ways in which to increase access to medical homes effort.

Action 7: In collaboration with key partners work on monitoring and evaluating current programming for asthma.

Data Development Agenda:

1) Develop a list of agencies that can be invited to help in realizing the actions identified.

2) Bring interns on board with an interest in research to assist in identifying programs either in CT or outside that can be replicated statewide.

3) Begin designing educational programs with the guidance of agencies such as DPH and area hospitals to inform the community about available opportunities for healthcare access.

4) Develop a timeline to work under for the respective tasks identified in this document.

5) Develop a tracking mechanism that will allow us as a group to see at a glance whether these efforts, once implemented are reducing asthma hospitalizations and ED visits.

6) Examine ways to include providers in playing a bigger role in educating their patients about asthma symptoms prevention.

7) Analyze, in collaboration with participants and other partners, how best to raise the funding needed to provide a publicity campaign to promote healthy symptoms reduction and the need to use a consistent medical provider.

8) Work with area colleges, universities and trade schools to incorporate a cultural competency component to their curriculums thereby providing access to elevated healthcare services for our diverse communities.